

An outline map of the state of Wisconsin, showing its irregular borders and the surrounding water bodies. The map is centered on the page, and the text is placed within its boundaries.

# **WISCONSIN CHRONIC DISEASE PROGRAM**

## **Participant Handbook**

Department of Health and Family Services  
Division of Health Care Financing  
PHC 1147 (Rev. 11/05)

**WISCONSIN CHRONIC DISEASE PROGRAM (WCDP)  
PARTICIPANT HANDBOOK**

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## Preface

The Wisconsin Chronic Disease Program (WCDP) is a state-funded program that offers assistance to Wisconsin residents with chronic renal disease, adult cystic fibrosis or hemophilia. The program pays health care providers for disease-related services, drugs, and supplies provided to certified WCDP participants after all other sources of payment have been exhausted.

The Wisconsin Department of Health and Family Services (DHFS) administers WCDP. Within DHFS, the Division of Health Care Financing is directly responsible for management of WCDP. It is the DHFS' responsibility to:

- Develop policy;
- Determine participant eligibility criteria;
- Certify participants for enrollment in WCDP;
- Certify or decertify providers for participation in WCDP;
- Investigate program abuse; and
- Pay providers.

The state laws that govern WCDP are Chapter 49.68 for the Chronic Renal Disease Program, 49.683 for the Cystic Fibrosis Program, and 49.685 for the Hemophilia Home Care Program of the Wisconsin State Statutes. In addition to state laws, WCDP is also governed by a set of regulations known as the Wisconsin Administrative Code, Health and Family Services, Chapters HFS 152-154.

These regulations are interpreted for participant use in the WCDP Participant Handbook. Each participant is sent a copy of the WCDP Participant Handbook after they have completed an application and been found eligible. This Participant Handbook gives participants the important information needed to receive the appropriate benefits from WCDP. The WCDP Participant Handbook contains the following information:

- Program background information;
- Participant eligibility; and
- Participant rights and responsibilities.

In addition to the handbook, participants are occasionally issued notices regarding policy changes.

For current information about WCDP, go to the website at: [dhfs.wisconsin.gov/wcdp/index.htm](http://dhfs.wisconsin.gov/wcdp/index.htm). Participants may call a WCDP Representative with questions about WCDP at (608) 221-3701 from 8:30 a.m.- 4:30 p.m. Monday through Friday. Voice mail is also available after hours or when representatives are assisting other participants.

Written correspondence may be sent to WCDP at the following address:

WCDP  
P.O. Box 6410  
Madison, WI 53716-0410

## **Background Information**

- A. Program Purpose** WCDP is composed of 3 programs that address specific medical needs. These programs are:
- Chronic Renal Disease (CRD) Program for Wisconsin residents who have CRD;
  - Adult Cystic Fibrosis (ACF) Program for Wisconsin residents who have ACF; and
  - Hemophilia Home Care (HHC) Program (limited to blood derivatives and supplies) for Wisconsin residents who have hemophilia.
- B. Covered Services** WCDP only pays for those services, drugs, and supplies that are directly related to the treatment of the chronic disease. Payments are made to WCDP-certified providers:
- According to DHFS specifications for limited covered services, drugs, and supplies that are directly related to the treatment of the chronic diseases; and
  - Based on medical necessity for the health of an eligible WCDP participant.

All claims for services that do not match the covered benefits list are denied. Payment to providers for WCDP-covered services rendered to WCDP participants is made directly to the provider or to the provider's designated payee. WCDP provides payment after all other payment sources, like health insurance and Medicare, have been used.

### **Chronic Renal Disease Program**

Chronic Renal Disease (CRD) Program participants are eligible to receive the following covered services:

- Inpatient and outpatient dialysis and transplant treatments;
- One pre-transplant dental examination, diagnosis, and x-rays;
- Kidney donor transplant-related medical services;
- Certain prescription medications;
- Certain home supplies; and
- Certain laboratory and x-ray services.

### **Adult Cystic Fibrosis Program**

Adult Cystic Fibrosis (ACF) Program participants are eligible to receive the following covered services:

- Inpatient and outpatient services directly related to the disease;
- Certain physician services;
- Certain laboratory and x-ray services;
- Certain prescription medications; and
- Certain home supplies.

### **Hemophilia Home Care Program**

Hemophilia Home Care (HHC) Program participants are eligible to receive blood derivatives and supplies required for home care.

#### **C. Non-covered Services**

The following services are examples of services *not* covered by WCDP:

- Medical treatment not related to the chronic disease;
- Services in unapproved facilities;
- Nursing home services;
- Home health services;
- Dental restoration, extraction, and dentures;
- Glasses or contact lenses;
- Hearing aids;
- Certain prescription medications;
- Podiatry services;
- Chiropractic services
- Transplants; and
- Services related to auto accidents or work injuries.

#### **D. How to Make Inquiries**

Participants may visit the WCDP website at:

[dhfs.wisconsin.gov/wcdp/index.htm](http://dhfs.wisconsin.gov/wcdp/index.htm) for updated information.

Participants needing further assistance may call a WCDP Representative at (608) 221-3701 from 8:30 a.m.- 4:30 p.m. Monday through Friday. Voice mail is also available after hours or when representatives are assisting other participants.

Written correspondence may also be sent to WCDP. A WCDP Participant Inquiry Form is provided in Appendix 1 of this handbook to assist participants with submitting changes in personal information. Use of this form helps ensure that all key information is included. The form is returned to the participant with the response. Written inquiries should be sent to:

WCDP  
P.O. Box 6410  
Madison, WI 53716-0410

## Participant Eligibility

- A. Before Applying for WCDP** To become eligible for WCDP, applicants must first apply for Medicaid, BadgerCare or SeniorCare (65 or older), if they are potentially eligible, before applying to WCDP.
- B. Application Requirement** Applicants must provide the Department of Health and Family Services (DHFS) with full, truthful and correct information necessary for the DHFS to determine eligibility and liability on forms specified by the DHFS. An applicant may be ineligible for WCDP enrollment if:
- The applicant refuses to provide information;
  - Withholds information; or
  - Provides inaccurate information.
- The DHFS may verify any information on the application.
- WCDP has separate applications for the Chronic Renal Disease (CRD) Program, Adult Cystic Fibrosis (ACF) Program, and Hemophilia Home Care (HHC) Program.
- All applicants must fill out an application to become a WCDP participant. Participants who need assistance filling out their application should contact their treatment facility social worker. Once found eligible, the participant receives the following:
- A letter of notification;
  - A WCDP identification card;
  - A WCDP Participant Handbook; and
  - Estate Recovery Letter.
- C. Financial Need Statement Requirement** A Financial Need Statement must be completed *annually* to remain eligible for WCDP. Participants who need assistance filling out their Financial Need Statement should contact their treatment facility social worker.
- D. State Residency Requirement** Applicants to WCDP **must be residents of Wisconsin and intend to remain permanent residents** in order to be eligible. Applicants should provide *copies* of the following documents:
- Wisconsin Income Tax return with all attachments;
  - The most recent rental agreement or property tax bill;
  - Wisconsin drivers license, state identification card or school identification card showing current address; and
  - If not a U.S. citizen, alien registration card issued by the Immigration Naturalization Services (INS).

If the applicant is not a Wisconsin resident or does not intend to remain a resident of Wisconsin, the application will be denied.

**E. WCDP  
Identification Card**

WCDP identification cards are issued to participants. The WCDP identification card indicates the program the participant is enrolled in and the eligibility dates for which the identification card is valid.

Each participant is assigned a unique 10-digit identification number. This number appears on the left-hand side of the WCDP identification card in the “ID number” column.

The color of the WCDP identification card is based on the program the participant is currently enrolled in. They are as follows:

- Chronic Renal Disease – Green;
- Adult Cystic Fibrosis – Blue; or
- Hemophilia Home Care – Gold.

Identification cards are issued annually to participants. A participant may request an additional identification card if a replacement is needed, up to a maximum of three times per year. Participants may call a WCDP Representative at (608) 221-3701 to request a replacement identification card.

The message “Income Deductible” is printed on the center of the WCDP identification card if a participant first has to meet the income deductible required. A new WCDP identification card (which does not count against the three replacements per year) is generated for a participant once he or she has met their income deductible. For more information on income deductibles see pages 10-11 of this handbook. To update or change participant eligibility information, participants should write to:

WCDP  
P.O. Box 6410  
Madison, WI 53716-0410

**F. Eligibility for  
Specific WCDP  
Programs**

**Chronic Renal Disease (CRD) Program**

To be eligible for the CRD Program, a participant must be:

- Diagnosed as having End-Stage Renal Disease;
- Enrolled in Medicare Part A; and
- Paying Medicare Part B and Medicare Part D premiums, if they are eligible.

**Adult Cystic Fibrosis (ACF) Program**

To be eligible for the ACF Program, a participant must be:

- Diagnosed by the medical director of a cystic fibrosis treatment center as having cystic fibrosis; and
- 18 years of age or older.

### **Hemophilia Home Care (HHC) Program**

To be eligible for the HHC Program, a participant must:

- Be diagnosed by a comprehensive hemophilia treatment center as having hemophilia.
- Have a written agreement with a comprehensive hemophilia treatment center for compliance with a maintenance program. The agreement must specify:
  1. The services to be provided;
  2. The responsibilities of the participant and the center relating to the development of the plan of treatment and conformance of the participant to applicable center policies;
  3. The manner in which services are to be controlled, coordinated and evaluated by the center; and
  4. Procedures for semi-annual evaluation of the maintenance program and for verification that the participant is complying with the established treatment regimen.

### **G. Eligibility Effective Dates**

#### **Chronic Renal Disease (CRD) Program**

Once a CRD participant becomes enrolled in WCDP, a participant may have retroactive coverage for CRD-related medical bills incurred prior to the date of application. If a participant was receiving treatment for CRD prior to the application date and they would have met eligibility requirements during that time, then past medical bills may be paid back to the participant's first treatment date up to 730 days prior to the application date.

If a CRD participant is a Medicare participant at the time of application, the eligibility date is determined to be the date of the initial treatment.

If a participant is Medicare-eligible but has chosen not to pay for premiums, the WCDP eligibility date is designated as the date the participant applied for Medicare.

When a participant receives retroactive eligibility, the participant has the right to request return of payments for covered services made to a WCDP-certified provider during the period of retroactive eligibility. For those medical charges already paid by a participant, the provider must pay the participant the lesser of the amount received from WCDP or the amount paid by the participant, minus any applicable WCDP copayment, upon receipt of such WCDP payment. DHFS does not pay participants directly.



### **Adult Cystic Fibrosis and Hemophilia Home Care Program**

ACF and HHC participants become eligible for WCDP benefits on the date the application is received by WCDP.

#### **H. Eligibility for Medicaid/ BadgerCare/ SeniorCare**

If a participant is enrolled in Medicaid or BadgerCare at the time of application, the participant is considered eligible only for over-the-counter prescription drugs that are listed on the WCDP formulary that are not covered by Medicaid or BadgerCare.

#### **I. Eligibility Termination**

WCDP eligibility is terminated under the following circumstance:

- Discontinuation of Medicare Part B and Medicare Part D premium payments, or the participant discontinues dialysis, or kidneys resume function for chronic renal disease participants;
- Failure to file an annual Financial Need Statement;
- The participant moves out of Wisconsin; or
- Death of the participant.

## **Participant Rights and Responsibilities**

### **A. Participant Responsibilities**

Participants must inform the provider that they are receiving benefits under WCDP. Participants must show a valid WCDP identification card *before* receiving medical services.

#### **Personal Information**

Participants have the following responsibilities:

- Participants are responsible for giving providers full and accurate information necessary for the correct submission of claims to WCDP.
- A participant has an obligation to give full and accurate information to providers regarding coverage by health insurance carriers and Medicaid, BadgerCare and SeniorCare.
- After becoming eligible for the WCDP, a participant is required to submit a Financial Need Statement to WCDP every year. A participant is not eligible for benefits until this completed statement is on file with WCDP.
- Participants must inform WCDP within 30 days of any changes in address, eligibility, mode of treatment, health insurance coverage, Medicare coverage, an income change (up or down) ten percent or more, or family size.
- Participants should review the monthly Explanation of Benefits (EOB) notice that is sent to participants whom have had a claim processed to ensure it contains the correct information. The EOB provides the participant with a summary of WCDP claims paid on the participant's behalf by WCDP during the previous month.
- Participants should notify WCDP Participant Services of any errors within 30 days of receipt of the EOB. Participants should give providers a copy of the EOB upon request.

#### **Participant Payments**

Participants are responsible for paying a portion of their medical costs when receiving WCDP benefits as follows:

- Medicare Inpatient/Outpatient Deductibles (for CRD program only)
- Income Deductible
- Drug Copayments
- Liability for Percent of Charge (Coinsurance)

**NOTE:** All participant payments are figured for dates of service during the state fiscal year, which runs from July 1 through June 30.

### *Medicare Inpatient/Outpatient Deductibles (CRD Program only)*

CRD participants must first meet the Medicare annual deductibles for inpatient and outpatient medical services before WCDP will begin to pay providers. Claims that count toward the outpatient deductible include physician, laboratory, outpatient hospital services, etc. Claims that count toward the inpatient deductible are hospital claims for inpatient stays. The deductible amounts are based on those set by Medicare and are subject to change. For further information about Medicare deductibles see the website at: [dhfs.wisconsin.gov/wcdp/index.htm](http://dhfs.wisconsin.gov/wcdp/index.htm). Participants may also call WCDP at (608) 221-3701.

### *Income Deductible*

WCDP has an income deductible for participants whose estimated total family income is greater than or equal to 200 percent of the federal poverty level. These participants must spend a specific percentage of their income to pay the cost of medical treatment and take-home drugs for their chronic disease before WCDP provides assistance in paying for the cost of treatment. For further information about WCDP income deductibles see the website at: [dhfs.wisconsin.gov/wcdp/index.htm](http://dhfs.wisconsin.gov/wcdp/index.htm). To request paper copies of the WCDP income deductible amounts, participants may call WCDP at (608) 221-3701.

Providers should send claims to WCDP after all other payment sources have acted on a claim. WCDP needs these charges to “credit” the participant for any amounts that apply toward the income deductible amount. After the WCDP income deductible amount has been reached, providers begin to receive payment from the program, minus the annual deductibles, participant liability, and/or copayment.

### *Drug Copayment*

Participants must pay a copayment for each prescription filled or refilled, when receiving covered prescriptions or over-the-counter drugs. The WCDP website contains a list of drugs currently covered by the program and current copayment rates. To request paper copies of the covered drugs and copayment rates, participants may call WCDP at (608) 221-3701.

### *Liability for Percent of Charges (Coinsurance)*

The participant liability for percent of charges is the amount the participant needs to pay per claim after all deductibles have been met. Liability percentage is determined by the family size and income level reported to WCDP in the initial application or yearly Financial Need Statement. For further information about liability percentage amounts see the website at: <http://dhfs.wisconsin.gov/wcdp/index.htm>. To request paper copies of the liability percentage amounts, participants may call WCDP at (608) 221-3701.

WCDP pays the provider the WCDP reimbursement rate minus the participant's percent of liability amount. Participants should be aware of the following:

1. Payment is made only for that portion of the allowable cost remaining after all payments from other state programs, federal programs, health insurance coverage and other sources have been received and the participant's liability has been determined.
2. A provider may *not* hold a participant responsible for any charges that exceed the amount allowed by the Department of Health and Family Services (DHFS) in the Chronic Renal Disease Program (CRD), in accordance with HFS 152.06(3)(g).
3. A provider may hold a participant responsible for any charges that exceed the amount allowed by the Department of Health and Family Services (DHFS) in the Adult Cystic Fibrosis Program (ACF) and Hemophilia Home Care Program (HHC).

After the annual deductible has been met, when a claim is received, the amount the program pays the provider for each claim is reduced by the participant's liability percentage. Payment to the provider is always reduced by the participant's percent of charges until a cap amount is met.

The cap does not apply to prescription drugs. The copayments must be paid by the participant.

## **B. Civil Rights**

Several state and federal laws require health care benefits to be provided on a nondiscriminatory basis. All individuals applying for or receiving WCDP benefits are protected against discrimination based on race, color, national origin, sex, religion, age, disability, or association with a person with a disability.

## **C. Confidentiality**

Providers must comply with all federal laws regarding the protections of health information. A WCDP participant has a right to have personal information safeguarded. The provider is obligated to protect that right. Therefore, use or disclosure of any information concerning applicants and participants of WCDP benefits for any purposes not connected with the administration of WCDP is prohibited unless authorized by the participant.

Included in the administration of WCDP are those contacts with other payers and release of information that is ordered by the court. A provider is not subject to civil or criminal sanctions when releasing records and information regarding WCDP participant if such release is for purposes directly related to the administration of WCDP or if authorized in writing by the participant.

**D. Right to Appeal**

Participants have the right to an administrative hearing in the event that benefits are terminated or payment for services is denied by the WCDP. The appeal must be filed with the Division of Hearings and Appeals within 90 days after the date of the payment or decision to deny payment. A request for a hearing is considered filed upon its receipt by the Office of Administrative Hearings. All appeals shall include written documentation and any information deemed necessary by WCDP.

Participant appeals may be mailed to the following address:

Department of Administration  
Division of Hearings and Appeals  
P.O. Box 7875  
Madison, WI 53707-7875

**E. Estate Recovery**

Through the Estate Recovery Program the state seeks repayment of WCDP benefits provided to participants. Recovery is made from the estate of the participant or the estate of the participant's spouse. Collection of this repayment will not occur until the participant is no longer survived by a spouse or child who is disabled or under 21 years of age. A questions and answers section is provided in Appendix 4. Participants with further questions about the Estate Recovery Program may call (608) 267-3560. Participants may send written inquiries to the following address:

Estate Recovery Program  
WCDP  
P.O. Box 309  
Madison, WI 53701-0309

**Appendix 1**  
**Participant Inquiry**  
**(for photocopying)**

(A copy of the “Participant Inquiry” [for photocopying] is located on the following pages.)

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## Wisconsin Chronic Disease Program Participant Inquiry

Wisconsin Chronic Disease Program (WCDP) uses the information requested for administration purposes only. Personally identifiable information is confidential and is used for purposes directly related to WCDP.

Participants are required to notify WCDP of any changes listed on this form. Participants may notify WCDP of any changes in their status by calling WCDP at (608) 221-3701 or by filling out this form and returning it to WCDP. The use of this form is voluntary. The completed form should be sent to the following address:

WCDP  
P.O. Box 6410  
Madison, WI 53716-0410

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### PARTICIPANT INFORMATION

1. Name		2. WCDP Identification Number
3. Address Currently on File with WCDP		
4. City	5. State	6. Zip Code

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### CHANGE OF NAME OR ADDRESS

7. New Name – Participant's		
8. Address – Current		
9. City	10. State	11. Zip Code

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### CHANGE IN HEALTH CARE COVERAGE

12. Medicaid	Coverage Begin Date	Coverage Termination Date
13. Medicare Part A	Coverage Begin Date	Coverage Termination Date
14. Medicare Part B	Coverage Begin Date	Coverage Termination Date
15. Other Health Insurance	Coverage Begin Date	Coverage Termination Date
16. SeniorCare	Coverage Begin Date	Coverage Termination Date
17. BadgerCare	Coverage Begin Date	Coverage Termination Date
18. Other	Coverage Begin Date	Coverage Termination Date

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**CHANGE IN FINANCIAL INFORMATION**

19. Indicate the number of dependent family members; include yourself if you are a dependent family member. \_\_\_\_\_

20. Indicate your current monthly income by completing items a-m.	Average Monthly Totals
a. Gross wages, salaries, tips, etc.	\$
b. Net income from non-farm self-employment.	\$
c. Net income from farm self employment.	\$
d. Social Security and/or Supplemental Security benefits.	\$
e. Dividends and interest income.	\$
f. Total of estate or trust income, net rental income and royalties.	\$
g. Cash public benefits (e.g. W-2 payments).	\$
h. Pensions, annuities and/or veteran's pension.	\$
i. Unemployment compensation and/or worker's compensation.	\$
j. Maintenance, alimony and/or child support.	\$
k. Non taxable interest (federal, state or municipal bonds).	\$
l. Nontaxable deferred compensation.	\$
<b>m. Total Monthly Income.</b>	\$

21. What month and year did this income change? \_\_\_\_\_Month \_\_\_\_\_Year


I certify, to the best of my knowledge, all information provided on this form is true, correct, and complete. I understand I will be denied reimbursement if I withhold information, provide inaccurate information, or refuse to provide information. I agree to notify the Department or its fiscal agent, within 30 days of any change in name, address, income by more than 10%, insurance coverage, or family size. I have read and consent in full to the above and agree to comply with the conditions stated above.

**SIGNATURE** – Participant (or participant's representative if participant is a minor)

Date Signed

## Appendix 2

### Sample WCDP Identification Card

	Chronic Renal Disease Program Wisconsin Chronic Disease Program							
	<i>ATTENTION: Eligibility Unit</i> <i>P.O. Box 6410</i> <i>Madison, WI 53716-0410</i>							
Name I.M. PARTICIPANT Income Deductible								
<table border="1"><thead><tr><th>Identification Number</th><th>Start Eligibility Dates</th><th>End</th></tr></thead><tbody><tr><td colspan="3">This is your Identification Card. It indicates that you are a certified participant in the CRD/WCDP. Present this card to your health care providers and request that they bill the Program for medications or services related to chronic renal disease. In addition, you may be responsible for certain copayments and deductibles.</td></tr></tbody></table>			Identification Number	Start Eligibility Dates	End	This is your Identification Card. It indicates that you are a certified participant in the CRD/WCDP. Present this card to your health care providers and request that they bill the Program for medications or services related to chronic renal disease. In addition, you may be responsible for certain copayments and deductibles.		
Identification Number	Start Eligibility Dates	End						
This is your Identification Card. It indicates that you are a certified participant in the CRD/WCDP. Present this card to your health care providers and request that they bill the Program for medications or services related to chronic renal disease. In addition, you may be responsible for certain copayments and deductibles.								

#### Explanation of Card Designations:

1. **Name:** Participant name that should appear on all claims submitted.
2. **Identification Number:** 10-digit WCDP identification number under which claims must be submitted for the individual shown. The identification number is 1 alpha character, indicating the program, followed by the participant's 9-digit Social Security number. Program alpha characters are as follows:  
  
K = Chronic Renal Disease  
C = Adult Cystic Fibrosis  
H = Hemophilia Home Care
3. **Eligibility Dates:** Shows the period of time for which the WCDP identification card is valid for the participant indicated on this card.
4. **Income Deductible:** The message "Income Deductible" is printed under the participant name on the identification card if the participant still has to meet the required income deductible before WCDP benefits are paid.

**Appendix 3**  
**WCDP Participant Explanation of Benefits (EOB) Statement**  
**(to use as a reference)**

(A copy of the “WCDP Participant Explanation of Benefits (EOB) Statement” [to use as a reference] is located on the following pages.)

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## WCDP Participant Explanation of Benefits (EOB) Statement

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### EXPLANATION OF BENEFITS

THIS IS NOT A BILL

FRANK P. PARTICIPANT  
100 MAIN STREET  
APT. 7  
ANYTOWN, WI 00000

YOUR WCDP ID NUMBER: K123456789  
THE WISCONSIN CHRONIC DISEASE PROGRAM

PAGE 001

PROVIDER NAME	DATE OF SERVICE	BILLED AMOUNT	PAID AMOUNT	OTHER AMOUNT	EXPL CODE	ICN
VERY NICE CLINIC	01/05/04	\$67.00	\$60.00	\$7.00	O	005100050
HELPFUL MANOR CENTE	01/10/04	\$100.00	\$100.00	\$0.00	LD	010550080
VERY NICE CLINIC	01/12/04	\$67.00	\$60.00	\$7.00	O	012487570

EXPL CODE EXPLANATIONS LISTED ON BACK OF FORM

## Instructions on How to Read the WCDP Participant Explanation of Benefits Statement

The WCDP Explanation of Benefits (EOB) statement is sent to participants once a month when at least one claim has been paid.

The EOB is the primary form of written communication between the WCDP and WCDP participants. The EOB provides the participant with a summary of WCDP claims paid on the participant's behalf by WCDP during the previous month.

Participants should review the summary to ensure it contains the correct information. Participants should notify WCDP Participant Services of any errors within 30 days of receipt of the EOB.

The following item-by-item description explains the basic information that always appears on the EOB.

---

### *Header Information*

1. **Participant Name** – Participant's first name, middle initial, and last name. The participant's most current name on file will always appear on the EOB. If the participant has changed names, the name on the EOB will not necessarily be the name on the claim submitted by the provider.
2. **Participant Address** – The participant's address as it appears on WCDP files.
3. **WCDP Participant Identification Number** – Participant's ten-digit WCDP identification number.
4. **Page** – Page number (for this REOB).

### **Paid/Denied Claim Adjustment Information**

Double check for correct processing – these are key items that could affect payment or denial.

1. **Provider Name** – Name of WCDP billing provider who submitted claim for participant.
2. **Date of Service** – Dates of service corresponding to when the service(s) or supply item(s) were provided.
3. **Total Billed Amount** – Total billed charges for the service(s) or supply item(s) shown on that line. If the *Paid Amount + Other Amount* do not equal the *Total Billed Amount*, then noncovered services were billed.
4. **WCDP Paid Amount** – Amount of WCDP payment.
5. **Other Amount** – Amount of payments from other sources to include: copayment, other insurance (including Medicare), inpatient/outpatient deductible, income deductible, and patient liability amounts.
6. **Explanation Code** – Code that is associated with the "Other Amount." A list of the explanation codes used, with their narrative description, appears on the back page of the REOB. (If there is no explanation code there were no deductions applied to the claim.)
7. **ICN** – Unique 9-digit internal control number used to identify the claim. Use this number when inquiring about a claim.

## **Appendix 4**

### **Estate Recovery Program Information**

Here are some questions and answers about the Estate Recovery Program.

#### **What is the Estate Recovery Program?**

Through the Estate Recovery Program the state seeks repayment of Wisconsin Chronic Disease Program (WCDP) benefits provided to participants. Recovery is made from the estates of participants or the estates of the spouses of participants.

#### **Which WCDP participants are affected by the Estate Recovery Program?**

*WCDP participants of any age* who die on or after September 1, 1995, may have all benefits recovered that were received on or after that date. Recovery is made by filing claims in estates.

#### **When does the state seek repayment of WCDP benefits?**

It is important to remember when thinking about the Estate Recovery Program that the state *may not seek repayment of any WCDP* benefits from a participant's estate *if the participant's spouse or minor, disabled, or blind child survives the participant*. Recovery will be delayed until after the death of the surviving spouse and may be delayed further if there is a surviving minor, disabled, or blind child.

#### **How does the state recover benefits?**

The state seeks repayment of benefits by filing claims in *probate estates* to recover services received by WCDP participants. *Liens* may be filed on homes, which are part of a participant's estate during the probate process.

#### **Probate Estates**

An individual's estate includes assets owned by a person at the time of death, including any savings or checking accounts, stocks and personal and real estate owned by the participant. The legal process known as probate settles an individual's estate by distributing the estate to creditors and heirs and beneficiaries. Creditors file claims against the estate to ensure payment of debt owed them.

The state is generally paid before most creditors. Both the state and other creditors are paid before any assets are distributed to heirs or beneficiaries whether or not there is a will.

There are two ways in which the state recovers benefits through estates. When there is a probate proceeding through a court, the state will file a claim for payment with the court and with the individual handling the estate. When there is not a court proceeding, the state generally recovers benefits by filing a claim for payment with the individual handling the estate using a statutory probate procedure called Transfer by Affidavit.

#### **How and when will a claim in an estate be paid?**

The state's claim will generally be paid by the personal representative of the estate according to standard probate procedures. The state's claim is paid after certain other expenses are paid. Costs that are paid prior to the state's claim are funeral costs, costs of administering the estate, attorney fees and costs of the last illness, if any that were not paid by WCDP. If there are not enough assets in the estate to pay the state's claim, the state is paid what is available and the recovery is ended. This applies to both claims in court probate proceedings and to the state's recoveries using affidavits.

**Are there situations when the state's estate claim will not be paid or payment will be delayed?**

Yes, the state's claim will not be paid if there is a surviving spouse, a disabled or blind child or a child under age 21. Spouses and minor, disabled, and blind children are completely immune from recovery for as long as they live.

*However*, if there is a surviving spouse, a disabled or blind child or a child under age 21 *and* there is an ownership interest in a home in the estate, the court will place a lien on the home on behalf of the state. A lien obtained during probate will not be required to be paid as long as there is a surviving spouse, a child under 21 or a disabled or blind child regardless of whether the property is sold.

**Are there any exemptions if recovery would cause a hardship to an heir or beneficiary?**

Yes, the Department of Health and Family Services has set standards by rule for determining whether the state's recovery would result in an undue hardship for an heir or beneficiary. *In estates for persons who die on or after September 1, 1995*, an heir or beneficiary may apply for a waiver of the state's claim on their portion of the estate for one of the following reasons:

- The heir or beneficiary would become or remain eligible for supplemental security income (SSI), food stamps, or Medicaid if the Department pursued its claim;
- The deceased's estate contains real estate that is used as part of the heir or beneficiary's business, which may be, but is not limited to, a working farm, and recovery by the department would affect the property and would result in the heir or beneficiary losing his or her means of livelihood; *or*
- The heir or beneficiary is receiving general relief, relief to needy Indian persons (RNIP) or veterans benefits based on need under s. 45.351(1), Wis. Stats.

The heir or beneficiary handling the estate will be notified of these rights when the estate is being probated through a court or through an affidavit process. That individual is responsible for notifying the remaining heirs and beneficiaries of these rights. An heir or beneficiary can apply to the Department for a waiver as to his or her portion of the estate.

**Claims in Probate Court Proceedings****How does the state file a claim in a probate proceeding in a court?**

When an estate is being probated using a court proceeding, the personal representative or attorney handling the estate is required to notify the Department of Health and Family Services of the estate and of the time period in which a claim may be filed. The Department then calculates the amount of its claim and submits a copy of the claim to both the court and to the personal representative or the attorney.

**Recovery Through Transfers by Affidavit****What is the Transfer by Affidavit process?**

This is a process that can be used to close a person's estate when the deceased has less than \$20,000 in case assets and no real estate. It is an alternative to using a court process for very small estates. If this process may legally be used, an heir or the Department of Health and Family Services may collect a deceased's assets by submitting an affidavit to the person or institution possessing the deceased's assets.



**When can the state recover WCDP benefits by use of an affidavit?**

The state can recover benefits by use of an affidavit if:

- The participant has no surviving spouse or minor, disabled or blind child;
- The deceased has no property other than \$20,000 or less in case assets after burial costs are paid;  
*and*
- 20 days have passed since death and no one has petitioned the court to probate the deceased's estate.

**How does the state recover WCDP benefits by use of an affidavit?**

If the above listed conditions are met, the Department will submit an affidavit to any person (institution or individual, *including an heir*) possessing funds of the deceased stating a claim to the funds. The affidavit includes the Department's claim against the estate. The person possessing the funds must pay all available funds to the Department upon receipt of an affidavit. As stated above, the person handling the estate may pay funeral costs, costs of administering the estate and attorney fees from the estate prior to paying the state. Upon transferring all remaining funds to the Department, the person is released from an obligation to other creditors or heirs of the deceased.

**What if I have questions about WCDP or the Estate Recovery Program?**

If you have any questions about the Estate Recovery Program, please call 608-267-3560. If you have questions about the Wisconsin Chronic Disease Program, please call 608-221-3701.

## **Glossary of Common Terms**

ACF	Adult Cystic Fibrosis. Cystic Fibrosis is an inherited disorder of the exocrine or outward secreting glands of the body, causing those glands to produce abnormally thick secretions of mucus.
ACF Program	Adult Cystic Fibrosis Program
BadgerCare	<p>BadgerCare extends Medicaid coverage through a Medicaid expansion under Titles XIX and XXI of the Social Security Act to uninsured children and parents with incomes at or below 185% of the federal poverty level and who meet other program requirements. The goal of BadgerCare is to fill the gap between Medicaid and private insurance without supplanting or “crowding out” private insurance.</p> <p>BadgerCare benefits are identical to the benefits and services covered by Wisconsin Medicaid and recipients’ health care is administered through the same delivery system.</p>
Cap	The annual maximum dollar amount a participant is responsible for paying for services covered by WCDP. Once a participant has met his/her cap by paying both liability percentage and deductible, WCDP will pay for the remaining WCDP covered services for the year without additional charges to the participant. The cap does not apply to prescription drugs.
CRD	Chronic Renal Disease. The state of renal impairment which is virtually irreversible and requires a regular course of dialysis or kidney transplantation to maintain life.
CRD Program	Chronic Renal Disease Program
DHCF	Division of Health Care Financing. The DHCF administers the Wisconsin Chronic Disease Program for the Department of Health and Family Services (DHFS) under statutory provisions and administrative rules.
DHFS	Department of Health and Family Services. The Wisconsin Division of Health Care Financing (DHCF) that administers WCDP, is in the Department of Health and Family Services (DHFS).
EOB	Explanation of Benefits. Notifies the WCDP participant of the status or action taken on their claims.
FPL	Federal Poverty Level. The annually updated poverty income thresholds by family size published each year by the U.S. Department of Health and Human Services.
Fiscal Agent	The organization under contract to the department to process claims and determine eligibility for services provided under the CRD program. EDS is the current fiscal agent.

HHC	Hemophilia Home Care. Hemophilia is a bleeding disorder resulting from a genetically determined clotting factor, protein or platelet function abnormality or deficiency. Home Care is a patient's self-infusion of blood products on an outpatient basis by a person trained in that procedure.
HHC Program	Hemophilia Home Care Program
Medicaid	<p>Medicaid is a joint federal/state program established in 1965 under Title XIX of the Social Security Act to pay for medical services for people with disabilities, people 65 years and older, children and their caretakers, and pregnant women who meet the program's financial requirements.</p> <p>The purpose of Wisconsin Medicaid is to provide reimbursement for and assure the availability of appropriate medical care to persons who meet the criteria for Medicaid. Wisconsin Medicaid is also known as the Medical Assistance Program, Title XIX or TI9.</p>
Medicare	<p>A federal health insurance program for people 65 years of age or older, certain younger people with disabilities, or people with End-Stage Renal Disease (permanent kidney failure with dialysis or a transplant, sometimes called ESRD). Medicare coverage is made up of two parts:</p> <ul style="list-style-type: none"> <li>• Medicare Hospital Insurance (Part A) that pays for inpatient hospital stays, care in a skilled nursing facility, home health care, and hospice care.</li> <li>• Medicare Medical Insurance (Part B) that helps pay for doctors' services, outpatient hospital care, and other medical services that are not covered by Part A.</li> </ul>
SeniorCare	<p>SeniorCare is a prescription drug assistance program for Wisconsin residents who are 65 years of age or older who meet the eligibility criteria. The program is designed to help seniors with their prescription drug costs.</p> <p>Wisconsin SeniorCare participants are eligible only for prescription drug benefits and over-the-counter insulin. Wisconsin Medicaid-certified pharmacies are required by law to participate in Wisconsin SeniorCare.</p>
WCDP	<p>Wisconsin Chronic Disease Program. WCDP is a state-funded program that offers assistance to Wisconsin residents with chronic renal disease, adult cystic fibrosis and hemophilia. It consists of:</p> <ul style="list-style-type: none"> <li>• Chronic Renal Disease (CRD);</li> <li>• Adult Cystic Fibrosis (ACF); and</li> <li>• Hemophilia Home Care (HHC).</li> </ul>